

Portal to Discovery at Brookhaven National Laboratory  
Office of Educational Programs  
**COLLEGE RESEARCH TEAM PROGRAM (CRTP)**  
**FACULTY APPLICATION FORM**

**1 Application Profile**

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Highest Degree: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Country: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you a U.S. Citizen or PRA: \_\_\_\_\_ Yes / No

If PRA PRA Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Exp. Date: \_\_\_\_\_

**2 Academic Information**

College/University Name: \_\_\_\_\_

College/University Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

College Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Tenure: \_\_\_\_\_ Yes / No Tenure track: \_\_\_\_\_ Yes / No

Associations: (Please print any scientific, engineering, technical professional associations you are affiliated with)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3 Dean of Your Department**

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Country: \_\_\_\_\_ Fax: \_\_\_\_\_

## 4

Yes/No

If Yes:

Name of program: \_\_\_\_\_

Name of Principal Investigator (PI): \_\_\_\_\_

Telephone Number of PI: \_\_\_\_\_

Email of PI: \_\_\_\_\_

Program Grant Number: \_\_\_\_\_

## 5

Begin Date

Please identify the earliest date that you can begin your appointment at Brookhaven National Laboratory. This is typically driven by the academic calendar of your home institution.

End Date

Please identify the latest date that you must complete your appointment at Brookhaven National Laboratory. This is typically driven by the academic calendar of your home institution.

NSF Funded

Are you (or your academic institution) affiliated with an eligible National Science Foundation (NSF)?

Yes / No

Have you previously participated in any of BNL's or the DOE's Faculty Program?

Yes / No

If Yes please specify the program, year and laboratory that you participated

## 6

Name of Prospective BNL Collaborator:

Department of Prospective BNL Collaborator:

**Abstract:** Provide the abstract from your research proposal. (Use additional sheets if needed)

[illegible]

6 **Research project - continued**

## Research Proposal:

Provide the full research proposal of your selected project:

Please Attach

Abilities:

Describe the knowledge, skills, and experience you would bring to the project and that enhance your ability to be an excellent contributing member to the CRTP.

[illegible]

## 7 Student participants

Student participants:

If the applicant has selected student participants, it is expected that the students hold promise as young researchers and will make substantive contributions as a member of the research team. If you have invited student participants: please identify each student and explain why you selected them and what contributions you anticipate they will make to the research project. Please ensure that the selected student(s) also complete the Student CRTP application. If you have opted to not invite student participants, please insert "not applicable" below.

Name of Student 1: \_\_\_\_\_

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Name of Student 2: \_\_\_\_\_

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